



PROJECT ID# _____

Grove City Planning Commission

METHOD OF REZONING APPLICATION

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

MAY 26 2016

grovecityohio.gov/development

TYPE OF REQUEST

☐ Standard Rezoning ☐ PUD Rezoning ☒ Zoning Upon Annexation ☐ Use Approval

PROJECT/PROPERTY INFORMATION

PROJECT NAME: _____

PROJECT LOCATION: 4178 HOOVER ROAD, GROVE CITY, OH 43123

STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 160-001146 ACREAGE AFFECTED BY THIS APPLICATION: .654 acres

EXISTING ZONING: Residential EXISTING LAND USE: Residential

PROPOSED ZONING: PSO PROPOSED LAND USE: Dentist office

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Peggy L. Dawson 4178 HOOVER ROAD GROVE CITY, OH 43123
Name Address City, State, Zip

(614) 743-3916
Phone Fax Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.

Bryan Simone Manager Simone & Lowe, LLC
Name Title Company / Organization

2482 POWELL AVENUE COLUMBUS, OH 43209
Address City State, Zip

(614) 893-1876
Phone Fax Email

AUTHORIZED REPRESENTATIVE

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.

Kacie D. Waugh Attorney Clark & Waugh, LLP
Name Title Company / Organization

3083 COLUMBUS STREET GROVE CITY, OH 43123
Address City State, Zip

(614) 875-4895
Phone Fax Email

Legal Counsel

Relationship to the Applicant (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation

Application Fee: \$ 100.00

Submittal Items

(check box)

Completed Application (signed and notarized): ☐Submittal Fee: ☐Ten (10) Copies of Plans (folded and collated): ☐

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I, Peggy L. Dawson, the current property owner hereby authorize the applicant Bryan Simone to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

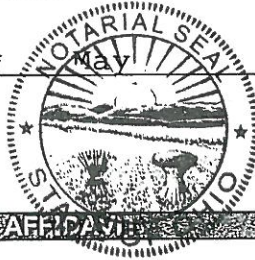
Signature of Current Property Owner: Peggy L. Dawson Date: 5-19-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 19 day of May, 2016.

Diane E. Hickman
Official Seal and Signature of Notary Public



Diane E. Hickman
Notary Public, State of Ohio
My Commission Expires 04-22-2017

APPLICANT'S AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, Kacie D. Waugh, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

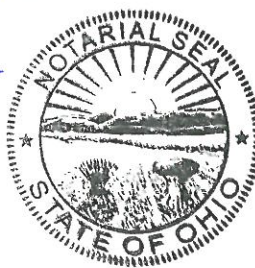
Signature of Applicant or Authorized Representative: Kacie D. Waugh Date: 5-19-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

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Diane E. Hickman
Notary Public, State of Ohio
My Commission Expires 04-22-2017

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>5/26/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>7/5/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>2687</u>
PROJECT ID NUMBER: <u>201605260035</u>		



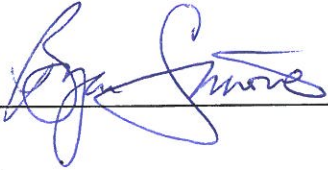
PETITION TO CHANGE THE ZONING MAP OF THE CITY OF GROVE CITY

We, the undersigned, hereby request the rezoning of the following described property and petition for changing the Grove City Zoning map:

LOCATION OF
PROPERTY 4178 Hoover Road
Grove City, OH 43123

EXISTING ZONING Residential/ PROPOSED ZONING PSO
Jackson Township

PETITIONER NAME (PLEASE PRINT) Bryan Simone

PETITIONER'S SIGNATURE 

OWNER NAME (PLEASE PRINT) Peggy L. Dawson

OWNER'S SIGNATURE 

DATE 5-19-14